

Department of Consumer & Regulatory Affairs
Business and Professional Licensing Administration
Business License Division

Request for Record Certification

Date: _____

Type of License: (1) _____ (2) _____ (3) _____

Premise Address: _____

Name(s) of Licensee: (1) _____ (2) _____

Certification is requested for the Period: _____

Person Requesting Certification: _____

Office No. _____ Phone No. _____ Room No. _____

State Reason for Certification: _____

Mailing Address: _____

Certification: _____ Pick up _____ Mail _____ Date Mail _____

NOTE: THERE IS A \$1.00 CHARGE FOR EACH CERTIFICATION PREPARED. EACH NAME, ADDRESS, AND TYPE OF LICENSE ARE CONSIDERED SEPARATE CERTIFICATIONS.

For office use only: Prepare by: _____ Date _____

Status of License: _____ ISS _____ CAN _____ PEN _____ No Record

Cus.# _____ Lic.# _____ Lic. Period _____

Bond Co. _____ Bond# _____

Owner's Name & Address: _____

Name & Address of Agent: _____

Received By: _____ Date: _____